

Book of the month

Friends in Low Places

If you might enjoy some lateral thinking about the modern State, try *Friends in Low Places*, by James Willis¹. In the middle of the book there is a key sentence: a challenge for modern society, he declares, is the proper use of central authority.

Willis, an experienced general practitioner, believes that the State is increasingly controlling public services with a new kind of authoritarianism, in search of a utopia that will not be achieved. He stands up for those in the front line of public services—teachers, nurses, general practitioners—who relate face-to-face with their patients and clients. He believes this is an essentially human process, and that the judgment of front-line professionals is being progressively eroded by a modern management more concerned with models and measurable outcomes than with a caring service. Much of his book is a polemic against management, with its models, rules and timesheets.

Willis considers that management is essentially impersonal and does not relate directly to individuals in need. Instead of evidence-based medicine, which he dislikes for similar reasons, he calls for an *understanding*-based medicine that takes into account the patient's personality and feelings. He judges that, if professional men and women are deprived of their independence, medicine will lose diversity, flair and richness: loss of independence takes away 'an essential element of what it means to be a doctor'. The bottom line is trust, an old-fashioned word but still with modern meaning. He contrasts the power and potential of the human mind with the limitations of machines, even modern ones.

Willis's targets, such as the blame culture and the increasing trend towards litigation, are now fashionable, but his central thesis—that ever-increasing control of professionals may have serious adverse effects, particularly in loss of morale—is persuasively argued. His solution is stark and simple: 'put humanity back at the centre of things' and accept that human life is not a mathematical equation. Fieldworkers must share uncertainty with their patients. Life cannot be made risk-free and it must be recognized that 'GPs like other front line workers quietly take risks all the time'. He makes a plea that, just as doctors have had to learn not to prescribe a pill for every ill, so legislators ought not to produce a Bill for every ill.

Friends in Low Places encapsulates wisdom born of experience with real patients, with real problems seen in real time. Willis is right in declaring that the best care for patients will ultimately depend on doctors who know them

as people, who care for them as people and who integrate the successes of science into individual care. This care, moreover, must be what the patient understands, has discussed, and feels appropriate. The book is an elegant summary of the case for the experienced professional, a generalist, in the front line of a public service. However, what it does not address is the other side of the coin. Doctors have many privileges, enjoy high status and, in comparison with many occupations, are well paid. They are the most trusted of all occupational groups and have unusually interesting jobs. The matter Willis does not fully face is accountability. The privileges and power of the medical profession stem from Parliament, which through numerous Acts has devolved professional regulation to the General Medical Council. It must also be right that doctors, as key professionals in a modern society, should be accountable to the society they serve. Willis does not mention paediatric cardiac surgery at Bristol or organ removal at Alder Hey. Public enquiries into the Bristol and Alder Hey events have revealed that systems were not in place to protect patients properly. Leaving all power to the professional does not always work. On issues such as consent and explaining risk, there is good evidence that the opinion of some medical professionals has fallen behind what many patients now expect. In a democratic society which has devolved power to the profession through Parliament, and in a National Health Service funded by the State, it is appropriate that power should be properly shared and the State's objectives reasonably considered.

All this demands the wisdom of Solomon and the most subtle balances that can be devised. A pendulum is swinging from almost unbridled freedom for professionals to what may soon become irksome control. Willis must be right that there will be a high price to pay for the latter. His book appears at a time of unprecedented change in the National Health Service, when central institutions such as NICE and CHI in England are in full swing and numerous other controls such as revalidation are on the way. The commitment of an individual doctor to an individual patient or family is Willis's theme, but it needs to be balanced by the collective responsibility of the medical profession to patients in general and to society through Parliament. How those balances are now to be struck is one of the great questions of our time, but all those interested, whatever their perspective, will benefit from reading this radical challenge to current systems.

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REFERENCE

- 1 *Friends in Low Places*. James Willis. Abingdon: Radcliffe Medical, 2001 [214 pp; ISBN 1-85775-404-2 (p/b); £19.95]

Ward Ethics: Dilemmas for Medical Students and Doctors in Training

Editors: Thomasine K Kushner, David C Thomasma
265 pp Price £18.95 ISBN 0-5210-66452-7 (p/b)
Cambridge: Cambridge University Press, 2001

The first thing to recognize is that *Ward Ethics* is not about 'beeper ethics', the term used by Nancy Dubler to describe the kind of clinical ethics that she and her colleagues practise at ward level in New York. This is a book devoted to something else—the ethical quandaries of students and trainees as they deal with the hierarchies in which they are the 'bottom feeders'. It examines in great detail the dilemmas created by demands to do things beyond one's level of competence, and the pressure to do things to protect one's career. It uses true stories to generate discussion. As the editors write, 'The following chapters are based on actual cases solicited internationally from medical students, interns, residents, and now-practicing physicians, who, often for the first time, reveal cases that continue to cause them discomfort and distress, even though in some cases years have passed'. This is essentially narrative ethics. The ethical issues emerge from the stories. The stories are grouped under headings, and the ethical discussion is developed by experts from around the world. There are two parts to the book. The first is on caring for patients, the second on being a team member in the modern therapeutic environment. Each part has many subsections, dealing with specific issues such as blaming the patient, breaking confidentiality, the newly dead, practising surgery on uninformed patients, and sexual harassment.

The multiplicity of authors is a strength, because it allows the development of several approaches to medical ethics, rather than privileging one system over another. George Agich, for example, stresses partnerships between student and patient as an inextricable part of learning, and suggests a focus on principles of vulnerability and respect. This is rewarding because it avoids entanglement with issues of beneficence, non-maleficence and autonomy, pointing out that other principles can be just as important and, at times, more illuminating. Marli Huijter and Gregory Larkin both confront the distorted priorities of students and trainees, which often put patient care and responsibility lower than gaining knowledge, being part of a team and obtaining good grades. Discussions are not constrained by familiar principalism, nor by adherence to virtue ethics, rights and duties, deontology or utilitarianism. This is narrative ethics at its best.

Similarly, there are opportunities to offer cross-cultural comparisons, because the authors come from diverse countries: the USA, Canada, The Netherlands, France, Japan, the UK, Israel and Argentina are all represented. There is, however, a degree of US bias, because 33 authors

come from the US, and only 13 from elsewhere. Sometimes this orientation may create barriers for other readers. On p. 51, for example, Robyn Shapiro details US statutes in Illinois and Michigan dealing with the treatment of substance abuse. This is undoubtedly important for those working in the US but is of questionable relevance for outsiders. (One small, pedantic point emerges from this enlightened pluralism. The spelling of familiar words changes according to the country of origin or perhaps the country of editing. The verb 'to practise' is sometimes spelt in the English way, sometimes in the North American way. Both will do these days, but it is odd to see them side by side on the page.)

The mode of writing adds appeal and immediacy to the text. Authors frequently tell stories of difficulties during their own training, as Andereck does on pp. 37–39, which complement the stories of the students and residents. These 'writer stories' often have a confessional element, as though expiating past shame and unresolved distress. Bennhaum's anecdotes on pp. 74–76 about passing nasogastric tubes in his student days raise painful issues about kindness, trust and authority that resonate down the years. Sometimes the writers are quite critical of those who supply the anecdotes—for example, Lawrence Schneiderman on p. 84, warning against facile judgments of the imperfections of a hospital chaplain.

The authors offer practical advice on what to do and say in many situations. Alan Steinbeck, for example, provides detailed suggestions on how to think about death and resuscitation, and how to deal with what seem to be inappropriate orders. Much of the advice is wise and helpful, and the writers avoid platitudinous suggestions about standing up for 'the right' in the face of instructions from seniors and teachers. They also offer reassurance about hostile and threatening emotions that trainees and students may feel toward patients, their seniors and each other.

The book is lightly referenced, but there are enough references to allow a reader to pursue many of the issues. Each section ends with questions for discussion. It would make a useful text for a course in ethics for students and trainees, and a splendid resource for those who supervise and carry out the training. The 'epilogue' is brief but pointed. It offers practical suggestions for improvement, by means of regular ward ethics rounds, student seminars, and faculty workshops. It also suggests ward ethics committees, focusing on ethical issues in training, with interdisciplinary membership. It stresses the responsibility of training organizations to do something to address problems which we all acknowledge but about which we tend to shrug our shoulders. We still often reason that medicine is practised in the fires of human interaction, and that coping is still a major skill for doctors. But, as the editors point out, '...there is a danger of professional hypocrisy in any

system that proclaims a dedication to the goal of producing humane and compassionate physicians while allowing institutionalized behaviors that undermine that effort'.

This review does little justice to a very commendable and very complex piece of work, whose breadth, thoroughness, wisdom and practicality make it readable and valuable. Kushner and Thomasma are to be congratulated for addressing such an important, and usually occult, field of ethics. In this undertaking, trainees and students have found a voice.

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Iatrogenic Multiple Pregnancy: Clinical Implications

Editors: Isaac Blickstein, Louis G Keith

306 pp Price £65; US\$110 ISBN 1-85070-726-x (h/b)

Carnforth: Parthenon, 2000

Individuals may pay large sums of money for assisted conceptions but it is usually the State that picks up the extra bill for neonatal care. In *Iatrogenic Multiple Pregnancy*, an attractive book full of personality, Blickstein and Keith offer a bold reminder that pregnancy at any cost is not necessarily in the best interests of couples, their children or society.

We liked the way they allowed their contributors to express clear opinions. Although the needs of women undergoing assisted conception are sensitively acknowledged, a recurrent theme throughout the book is the risk associated with multiple pregnancy. In the USA the rate of multiple pregnancy has risen, though the role of assisted reproductive technologies in this is uncertain. The authors call for wider reporting, particularly of oral ovulation agent induced pregnancies. They particularly advocate limitation of higher-order multiple gestations, to improve outcome, and they stress that these difficult pregnancies should be managed in large units with specialist experience. Clearly, care should be transferred at the time of the diagnosis, not when the woman is in labour.

The chapters on recognition of multiple pregnancies, planning of the pregnancy, diagnosis of abnormality, fetal reduction and multiple pregnancy delivery are all useful. Much stress is rightly put on early diagnosis of the pregnancy number, by careful uterine mapping and determination of chorionicity by ultrasound. Screening for fetal abnormality is also best undertaken early. We felt that the nuchal translucency issues were rather superficially described (e.g. without description of the different calculations by chorionicity). Especially important chapters are those on counselling parents and the implications for families

of having high-order pregnancies—sometimes serious even if all the infants are born in good medical condition. There is a good account of the views of various religious faiths on assisted reproduction and the ethical considerations facing parents and health professionals involved in the care of these pregnancies. Finally, the legal implications of iatrogenic higher-order pregnancies are reviewed.

The book is unusually illustrated with striking, non-scientific, black and white photographs (mostly of twins) which adorn each chapter and the cover. These are surprising, attractive and even at times distracting; on balance we felt they did not add to the book although they do remind the reader of the wonder of reproduction. The price is not so high that one resents this artistic addition. Another unusual feature is the inclusion of numerous 'inserts', including case histories, controversial discussions (such as cloning) and diagnostic pitfalls. This structure can break the reading flow, especially when a substantial proportion of a chapter is in these separate boxes. Sometimes the inserts give the impression they are updates, with references more recent than those in the body of the text. At other times the inserts seem to reflect difficulties with the structure of the book. For example, at the end there are eight 'left-over' sections on controversial points such as prolonged delayed delivery between multiples and discordant growth, grouped together. We felt that these sections would have been better integrated into the main text.

Those with a particular interest in this area will wish to read *Iatrogenic Multiple Pregnancy* from cover to cover. It will also be a valuable occasional reference for any specialist involved in reproductive, fetal or maternal medicine as well as for neonatologists and some midwives.

Alyson Hunter

Peter Soothill

Women's Dermatology: From Infancy to Maturity

Editors: Lawrence Charles Parish, Sarah Brenner,

Marcia Ramos-e-Silva

618 pp Price £58; US\$98 ISBN 1-85070-086-9 (h/b)

Carnforth: Parthenon, 2000

The concept of a textbook devoted to dermatology in females is at first thought rather odd. Isn't skin more or less the same in males and females? Dr Parish and his co-editors argue that gender differences in dermatology have been largely neglected to date and their book is an attempt to explore the 'differences that entitle girls and women to gender-specific health care measures'. The work offers historical aspects, multicultural views plus detailed descriptions of dermatological conditions; and, reflecting the

predominantly American authorship, it gives much space to cosmetic body-beautiful issues. Some chapters achieve the woman-oriented approach better than others. The nail chapter by Baran and the chapter on pregnancy dermatoses by Vaughan Jones hit the mark exactly.

The historical section gives a fascinating insight into women's attempts to retain youthful beauty through the centuries. The taste for pallor, which continued into the twentieth century, resulted in use of toxic whitening pastes of brimstone, white lead and mercury that cracked terribly when the hapless wearer forgot not to smile. Milk, ground bones and even blood from birds were applied to the skin. Many women suffered terribly from smallpox scars. (Queen Elizabeth I survived smallpox unscathed because she did not follow the practice of the time in lancing the spots; instead she treated them by the Arabic method of applying red cloths and filling the bed chamber with red objects.)

A large cosmetics section explains the science behind the formulations of cosmetics, including the differences in the four types of facial foundation creams—oil-based, water-based, oil-free and water-free. Oil-free facial foundations contain no animal, vegetable or mineral oils but do contain other oily substances such as silicones. These non-comedogenic foundations will be of interest to acne sufferers and people with oily skins. The adverse effects of cosmetics, including contact dermatitis (both irritant and allergic), are highlighted. A particular hazard is bacterial contamination of eyeliner and mascara, which can cause devastating *Pseudomonas* eye infections; we probably should all check our cosmetic drawer and throw out any products more than three months old. Another large section is devoted purely to cellulite and will have the female readership leaping to the bathroom mirrors to do the pinch test. A 'quilted' or 'mattress' appearance of the skin when pinched or at rest is due to the presence of fibrous retinacula that connect skin and fascia between the fat lobes. In addition, prominent follicular openings may result in an orange peel appearance. The mainstay of treatment remains weight loss, and the authors conclude, as many doctors will have long suspected, that topical creams and systemic drugs have no effect. There do, however, seem to be some benefits from lymphatic massage, and we read of a new operation of subcision where the fibrous retinacula are sectioned.

These cosmetic items sit uncomfortably with chapters on the special problems of African, Indian, Korean and expatriate women. For many such women more pressing matters than cellulite are the hope of a normal life-span, enough food to eat and the privilege of not losing one's children in childbirth or in infancy. The contributors discuss differences in skin type between races and how these considerations may affect treatment. For instance, it could be inappropriate to suggest daily hair-washing to an African woman with scalp psoriasis since her hair might not cope.

African hair is structurally different from Caucasian hair and more prone to weathering (wear and tear cuticular damage). Cultural differences and practices are covered—for instance the traction alopecia from tight plaiting or braiding that gives severe permanent hair loss around the hair margins in African women, and the alopecia resulting from the practice of hotcombing in African-American women.

Vulval dermatology should be prominent in a book of this sort and here I noted some omissions. For instance, there is no mention of vulval psoriasis or seborrhoeic dermatitis, both frequent diagnoses in the vulval clinic.

After initial scepticism I ended up won over by this text. It could be of interest to gynaecologists and general practitioners as well as dermatologists. If you want straightforward descriptions of dermatological conditions a standard text will suffice. But, if you want a bit more insight into the special problems of women, to be entertained and to learn a little more of the history of beauty you will not be disappointed.

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An Intelligent Person's Guide to Medicine

Theodore Dalrymple

138 pp. Price £12.95 ISBN 0-7156-2973-5 (h/b)

London: Duckworth

The book forms part of a series called *The Intelligent Person's Guide* – to ethics, philosophy, culture, and so forth. Most of these guides are designed as route maps, but when the publishers chose Dr Dalrymple to contribute the volume on medicine, they knew very well that they would not get a route map but something quite different—a witty polemic written from a decidedly non-politically-correct standpoint. Those who have been amused or infuriated by Dalrymple's columns in magazines and newspapers will not be disappointed: this is vintage Dalrymple, grumpy, iconoclastic, well informed and immensely readable.

He starts with three main premises. The first is that 'health' is a Humpty Dumpty word (it means what I say it means) and is thus indefinable. The second is that healthcare is not a right but a good, to be marketed like cars or holidays. Finally, all arguments about the relative virtues of healthcare systems do not amount to very much because they all get it roughly right (or wrong) in the end. We remain well or get ill and die, whatever the actions of politicians or the distribution of gross national product. For example, much fuss is made about the inferior services for cancer and cardiovascular disease in the UK compared with other European countries, but as these diseases account for two-thirds of deaths in all of these countries yet life

expectancy across them is almost the same, the impact of such alleged differences cannot be as great as is claimed.

So far so good, but inconsistencies begin to creep in. If we cannot define health, then all discussion of healthcare systems becomes idle. There is nothing surprising in the fact that, although we in the developed world are getting steadily 'healthier', at the same time the number of doctors is rising and they are busier than ever. We are simply dying of other things, albeit rather later and more expensively. Diphtheria and polio have been replaced by cancer and heart failure—risks from which we were in the past protected by our youth. The hard-nosed pragmatic Dalrymple drops his mask from time to time. Thus on page 44 we are told that 'no-one has a right to health care'. Fine fighting words and well supported by arguments too complex to be set out in this review. But three pages later we are told that 'no one would want to see a society in which the ill were denied help... humane kindness, decency, solidarity and sympathy demand that we succour the sick'. However, the corollary of a right is a duty, and if it is our duty as kind humans to succour the sick, then surely the sick have a right to expect it of us. That leads us on to define who is sick and who is not, and here Dalrymple is as confused as are the rest of us in exploring the grey area that lies between medical illness and social distress. Most doctors would agree that the persistent self-multitator (Munchausen syndrome) who staggers from hospital to hospital simulating life-threatening crises and submitting himself to repeated operations must be by any sensible definition mentally ill, with a condition that one day may be treatable. Dalrymple would see this as a moral problem, and one which the patient (or delinquent) should be asked to face.

Dalrymple is superb on the potential charlatanism of 'alternative' medicine and on the capricious inequalities in the National Health Service. He has some rather beguiling prejudices. For example, there is a quite unexpectedly ferocious attack upon dermatologists—surely one of the gentlest and least harmful of all specialties. The book is full of dilemmas and paradoxes of which most of us are well aware, but is notably thin on solutions. The arguments for and against abortion and euthanasia are set out with brilliant clarity—a better exposition than most of us have ever read—but when it comes to suggesting answers Dalrymple shies off. There are several inaccuracies: for example, he tells us that the overall percentage of GNP spent on health is the same in the UK as in France or Germany, and that most cancers are incurable. So, when we are assured that the symptoms of opiate withdrawal are no worse than a dose of 'flu, we don't entirely believe him. It would be reassuring to have some footnotes or a list of references to back these assertions—though as a prison doctor he must know about such things.

Therein lies the problem. Dalrymple's clinical experience is dramatically different from that of the average doctor in the NHS. His typical patient is a sullen, tattooed, heroin addicted football supporter with a history of childhood abuse, who has revenged himself on a series of vulnerable women whose children he has fathered and abandoned. That such people exist in sizeable numbers is beyond dispute, but hard cases make bad law, and to start from such a standpoint tends to narrow one's argument. We all agree that, although it is not possible for a doctor to like all of his patients, he is nonetheless professionally obliged to swallow his prejudices and treat them with equal honesty and compassion. But when you dislike all of your patients this must become very difficult to achieve.

One is left with the impression of a very intelligent doctor who is skilled in diagnosis but somewhat weak on patient care. Many of us would rather consult a doctor who had something to offer, however imperfect, than one who reiterated our problems and told us to snap out of them. But the book (or perhaps pamphlet?) deserves to be read by anyone seriously interested in helping the sick, because it challenges many of our assumptions.

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The Company of Barbers and Surgeons

Editor: Ian Burn

305 pp Price £60 ISBN 1-085083-044-4 (h/b)

London: Farrand Press, 2000

The Worshipful Company of Barbers, whose splendid new Hall stands in Monkwell Square alongside part of the old London Wall, has a long, distinguished and fascinating history. As with many other City Guilds, the Guild of Barbers first had a religious character, banding together its members for services, funerals and occasional feasts. Perhaps the first written reference to the Company was when Richard le Barber was presented before the Court of Aldermen of the City in 1308. He is thus the first recorded Master of the Company. In addition to the obvious duties of barbery, which included the tonsuring of priests, the Barbers practised minor surgery, such as bleeding, cupping, tooth extraction and the lancing of abscesses. Surgeons were few and far between, and there was a good deal of rivalry between the two related professions.

It was Thomas Vicary, surgeon to Henry VIII, who urged his master to introduce the proper regulation of surgeons practising in the City of London, and in 1540 the Company of Barber Surgeons was founded. A fine painting

of the granting of the charter is a prized possession of the Company, and its cartoon graces the Great Hall of the Royal College of Surgeons of England. The Act of 1540 also allowed the bodies of four executed criminals to be anatomized annually at public demonstrations, and the teaching of anatomy became an important function of the Company. An anatomy theatre was designed for the Company by Inigo Jones in 1636.

In 1745 the Barbers and the Surgeons went their separate ways. The Barbers retained the Hall, the silver and much of the treasure; the surgeons founded the Company of Surgeons, forerunner of the Royal College, and kept the eponymous lectures and scholarships. The Barbers' Hall was destroyed in the Great Fire of 1666, rebuilt, and destroyed again by bombs in 1940. A new Barber Surgeons' Hall was opened in 1969. Although today the Company has long lost its direct connection with the Barbers' trade, it flourishes and has important charitable aims. These include support of the teaching of anatomy at the Royal College of Surgeons, aid to impoverished members of the medical profession and barbers' trade, grants to medical and dental students and support of schools in the City.

To mark the Millennium, the Company instigated this splendid collection of essays. It includes chapters on the early history of the Company, its collection of Royal charters and seals, its finances and charities, the practice of barbering in early times, the teaching of anatomy, the Company's fine library, the story of the Serjeant surgeons (many of whom were or are distinguished members of the Company), the role of the livery companies in the City, the naval connections of the Company, its pageantry, its Hall, its civic connections and its ethos. This book is beautifully illustrated, produced and written. It will give great pleasure to surgeons, medical historians and anyone with an interest in the City of London and its story. I must confess my personal fascination by this book; my father was a very skilful barber.

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Hair and Its Disorders: Biology, Pathology and Management

Editors: FM Camacho, V A Randall, V H Price
407 pp Price £75 ISBN 1-85317-799-7 (h/b)
London: Martin Dunitz, 2000

Hair has an extraordinary and inexplicable psychological importance. Patients with cancer about to undergo chemotherapy are commonly more concerned about the possibility of hair loss than almost any other aspect of their treatment or diagnosis, whilst hair care is a multibillion

pound industry worldwide. Additionally, since hair is such a concern to many, it may be a hair problem that is the first presentation of internal disease; all medical students know of the association between hair loss and myxoedema, even if they have never seen a case. In fact hair disorders—hair loss, hypertrichosis, hirsutism and hair-shaft abnormalities—may be the presenting feature of a wide range of genetic, metabolic, and toxic disorders.

Twenty years ago, a book devoted to hair biology and hair disorders would have been both short and dull. Lately there has been an explosive growth in knowledge which we owe partly to the generous funding of basic research by the cosmetic industry and partly to application of the new techniques of molecular science. *Hair and its Disorders* brings together a wealth of new and exciting information. The three editors, from Spain, California, and Bradford (UK) have assembled most of the leading experts, both medical and scientific, the 49 contributors coming from four continents. The contributions are well organized and the occasional unevenness of style does not detract from the overall impact. The range of the book is astonishing. For the clinician there are well illustrated and well referenced chapters on hair syndrome recognition and on important genodermatoses, and extensive coverage of alopecia areata. This important disorder is also well covered in terms of our basic immunological understanding. A few chapters are not of immediate practical application but are so well written as to be fascinating in their own right; in this category I would place the contributions on Menke's kinky-hair syndrome (a rare metabolic disorder with lethal consequences) and hair follicle innervation in alopecia areata. The basic biology of the hair is likewise covered in detail, with informative accounts of the hair cycle, androgen effect and so on.

I doubt that there is a better book on this subject, and warmly recommend *Hair and its Disorders* to all dermatologists. It is also likely to become indispensable to geneticists, developmental paediatricians and endocrinologists; and skin biologists, whether in the cosmetic industry or not, will find much to interest them.

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Congenital Hemiplegia

Editors: Brian Neville, Robert Goodman
216 pp Price £40; US\$59.95 ISBN 1-898-68319-0 (h/b)
London: Mac Keith Press, 2000

The typical child with congenital hemiplegia is born at term after an apparently uneventful pregnancy. All seems fine until late infancy, when the usually right-sided motor weakness

becomes apparent. The diagnosis tends to come as a complete surprise, and his (two-thirds are boys) carers will have lots of questions. Why did it happen? What treatment is needed? Might he recover completely? What other problems might he have? What about school? Professor Neville and Professor Goodman have enlisted experts from several disciplines in five countries to contribute to *Congenital Hemiplegia*. Although over half the book deals with the physical aspects, the often more disabling emotional, behavioural, cognitive, and educational aspects are not neglected.

The first chapter deals with aetiology—still usually a mystery, and Goodman states that ‘It is possible that congenital hemiplegia is determined by some powerful environmental factor that has yet to be identified, and that is not shared by . . . monozygotic twins. Hemiplegia could be the result of the placenta being located in just the wrong part of the uterus . . . it is at least as plausible, though, that chance may even be the main factor in congenital hemiplegia’. Various combinations of minor variations (each within the normal range) could lead to it.

After discussion of antecedents and epidemiology, there are well-illustrated chapters on the neuropathology and neuroradiology of congenital hemiplegia, and a new MRI-based classification is proposed. Those with grey-matter lesions (such as migration defect or cortical infarctions) are much more likely than those with just white-matter lesions (such as peri-ventricular leukomalacia) to have epilepsy, learning difficulties, and severe behaviour problems.

The next chapters cover the presentation, neurology, and physical assessment (including assessment of hand function and formal gait analysis). The role of orthopaedic surgery is discussed, and Scrutton’s chapter on physiotherapy bristles with good advice. He recommends early referral and intensive physiotherapy in infancy, but so far as ‘regular physio’ for the school age child is concerned, he warns us that ‘many children are treated because they have hemiplegia, not because the treatment will be to their overall benefit . . . childhood is finite—the time used up for treatment cannot be replaced, and there are so many other things to do which could be much more important for the person than to be undergoing treatment’. I would recommend this chapter to all paediatricians and therapists (including alternative practitioners), and to any adolescents with hemiplegia who are fed up with being bullied into doing their exercises.

Two chapters are devoted to epilepsy, which affects one-fifth of children with congenital hemiplegia. Certain forms of epilepsy (such as status epilepticus of slow sleep) may be missed, and can cause developmental arrest and severe behaviour problems. Most seizures respond well to

anticonvulsants, but a substantial proportion of children have intractable seizures, for which Neville recommends early referral for consideration of epilepsy surgery (particularly if there is already a dense hemiplegia and hemianopia).

Half of all children with hemiplegia have psychological troubles. Some of these, such as autism and attention deficit hyperactivity disorder, may be caused by the brain abnormality. Others, such as anxiety and depression (much commoner), are likely to be caused by the child’s motor difficulty and the feeling of being different. Goodman and Yude emphasize that the psychological disturbances in children with hemiplegia tend to respond better to treatment than do similar disorders in other children, who commonly have a background of social deprivation and a chaotic family life.

Most children with congenital hemiplegia have a normal IQ and will attend mainstream school. Although language is usually well preserved (irrespective of which hemisphere is involved), specific learning difficulties are found in one-third and must be recognized early. As adults, people with congenital hemiplegia will be more suited to desk jobs than to manual work, so academic qualifications are particularly important. Vargha-Khadem and Muter review the published work (to which they have contributed much) and recommend a battery of cognitive and educational tests to identify each child’s strengths and weaknesses. Yude and her co-workers set up the London Hemiplegia Registry in the late 1980s. She discovered that many families felt ill-served by the support groups available at the time, and were hungry for information. She felt that ‘a responsibility is placed on the researchers to both support and inform the families’; so, with a handful of parents with children on the register she started Hemi-Help, which now has over two thousand members. Her chapter might encourage other researchers to follow her example, and offers sound advice for anyone wanting to set up an effective support group.

In the final chapter, Neville makes suggestions as to how the various services needed for children with hemiplegia might be coordinated. My main criticism of this otherwise excellent book is that the subeditors should have ironed out the minor variations in terminology between the Swedish, British, German, and North American authors.

I have just lent my copy to the parents of a child with hemiplegia. They had read about the book in one of Hemi-Help’s newsletters and were thinking of buying it. So should you.

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